MAXIMUS Federal Services

Case Number:	CM14-0215029		
Date Assigned:	01/02/2015	Date of Injury:	09/06/1994
Decision Date:	03/03/2015	UR Denial Date:	11/21/2014
Priority:	Standard	Application Received:	12/22/2014

HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to an expert reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. He/she has been in active clinical practice for more than five years and is currently working at least 24 hours a week in active practice. The expert reviewer was selected based on his/her clinical experience, education, background, and expertise in the same or similar specialties that evaluate and/or treat the medical condition and disputed items/Service. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

The Expert Reviewer has the following credentials:
State(s) of Licensure: Texas, Ohio, California
Certification(s)/Specialty: Preventive Medicine, Occupational Medicine

CLINICAL CASE SUMMARY

The expert reviewer developed the following clinical case summary based on a review of the case file, including all medical records:

The applicant is a [redacted] employee who has filed a claim for chronic mid and low back pain reportedly associated with an industrial injury of September 16, 1994. In a Utilization Review Report dated November 21, 2014, the claims administrator failed to approve a request for Xanax, reportedly being employed for anxiolytic effect. Progress notes of October 3, 2014, June 6, 2014, and August 14, 2014 were referenced in the determination. The applicant's attorney subsequently appealed.In a progress note dated October 13, 2014, the attending provider noted that the applicant had persistent complaints of low back and leg pain. The applicant was using Xanax on a p.r.n. basis, the attending provider contended. The applicant's medication list included Celebrex, Cymbalta, Lyrica, and Xanax, it was acknowledged. Reporting diagnoses included lumbar radiculopathy, myofascial pain syndrome, hypertension, and poor sleep hygiene. Multiple medications were renewed and/or prescribed, including Zanaflex, Celebrex, Lyrica, Norco, Cymbalta, and Xanax. The attending provider suggested that the applicant employ Xanax on a p.r.n. basis for several anxiety. Fifteen tablets of the same were endorsed. On August 14, 2014, the applicant again reported persistent complaints of low back and leg pain. The applicant continued to have episodic anxiety. Permanent work restrictions were renewed, as were Xanax, Nucynta, Ambien, Cymbalta, Norco, Lyrica, Celebrex, and Zanaflex. Epidural steroid injection therapy was sought.In an earlier note dated June 16, 2014, the applicant was described as having failed Xanax in one section of the note. In another section of the note, the attending provider suggested that the applicant consider and/or employ the same for anxiety.

IMR ISSUES, DECISIONS AND RATIONALES

The Final Determination was based on decisions for the disputed items/services set forth below:

Xanax 0.5mg: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Benzodiazepines.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 15 Stress Related Conditions Page(s): 402.

Decision rationale: While the MTUS Guideline in ACOEM Chapter 15, page 402 does acknowledge that anxiolytics such as Xanax may be appropriate for brief periods, in case of overwhelming symptoms, in this case, however, the documentation on file suggested that the attending provider was intent on employing Xanax for chronic, long-term, and/or scheduled use purposes, for anxiolytic effect. The applicant was apparently asked to employ Xanax on multiple office visits, referenced above, including on June 16, 2014, August 14, 2014, and October 13, 2014. Such usage, however, is incompatible with the MTUS Guideline in ACOEM Chapter 15, page 402. Therefore, the request is not medically necessary.